

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAMPAIGN ACCOUNT of MARION LUKS
 Name FOR COUNCIL DIST 4 TOWN OF DAVID

(2) 13251 SW 16th CT
 Address (number and street)
DAVID, FL 33325
 City, State, Zip Code

OFFICE USE ONLY

RCVD JAN 4 '10

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: N/A

(4) Check appropriate box(es):

☒ Candidate (office sought): COUNCIL TOWN OF DAVID - DIST - 4

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 1 / 09 To 12 / 31 / 09 Report Type Q4

☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0-

Loans \$ 0-

Total Monetary \$ 0-

In-Kind \$ 0-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0-

Transfers to Office Account \$ 0-

Total Monetary \$ 0-

(8) Other Distributions \$ N/A

(9) TOTAL Monetary Contributions To Date
 \$ 16,250.00

(10) TOTAL Monetary Expenditures To Date
 \$ 1725.05

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature] 1-4-2010
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Campaign Account Manager for Council District 9 Town of Asheville (2) I.D. Number N/A
 (3) Cover Period 10/1/09 through 12/31/09 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
//					
//					
//	No EXPENDITURES THIS QUARTER				
//					
//					
//					
//					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Campaign Account Manager, District Council (2) I.D. Number N/A
TOWN OF BARK

(3) Cover Period 10/1/09 through 12/31/09 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
			Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/1								
1/1								
1/1		NO RECEIPTS THIS QUARTER						
1/1								
1/1								
1/1								
1/1								
1/1								